

MDR Tracking Number: M5-04-3085-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5/17/04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97139-PIR and 97110. On 10/22/04, the Requestor withdrew dates of service 9/24/03 (CPT code 97139-PIR) and 9/29/03 (CPT codes 97139-PIR and 97110). The Requestor also withdrew all services/treatments denied as "Unnecessary medical treatment without peer review."

II. RATIONALE

CPT Code 97110 for dates of service 9/02/03, 9/08/03, 9/12/03, and 9/17/03

The Carrier denied service/treatment as "N72 – Not appropriate documented. Documentation must include treatment provided (with days of week), response to treatment progressive overall improvement of systems; failure to respond to treatment should reflect a change of the treatment plan. N75 – Not appropriate documented. Documentation as submitted does not support the therapy modalities/procedures as billed."

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the progress notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement for CPT code 97110.

The above Decision is hereby issued this 28th day of October 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division